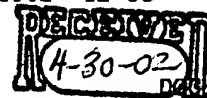


Official



DOCKET NO. GE04142

#5
\$1.00

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: GE04142
In re Application of	Lanny Joe Mullens	
Application Number	09/108,483	Filed July 1, 1998
For	METHOD FOR RF NETWORK VIRTUAL END NODES	
Group Art Unit	2683	Examiner Toan D. Nguyen
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00
<input checked="" type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 400.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 920.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1440.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 1980.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 13-4771	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/Inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 29,047)	
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a)	
4/30/02		Signature
Date		Frank J. Bogacz
		Type or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of 2 form(s) are submitted	
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted to:		
Commissioner for Patents, Washington, DC 20231 on this date:		
Typed or printed name	V. Lynn Webb	April 30, 2002
Signature		

05/01/2002 SMOORE 00000012 134771 09100463

01 FC:116

400.00 CH